JAL MARASCO	Co- Marker	1/12/1/12/4/2
17. Transporter 1 Acknowledgement of Receipt of Materials		
Printed/Typed Name	Signature	Month Day Year
Alaning 13/12011	Born Hossel	121896
18. Transporter 2 Acknowledgement of Receipt of Materials	July Million Colombia	
Printed/Typed Name	Signature	Month Day Year
- The standard assign	the state of the s	112/18/6/2
19. Discrepancy Indication Space	with the state of	

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in Item 19

Printed/Typed Name Signature Darin T. Olson

DO NOT WRITE BELOW THIS LINE.

TSDF SENDS THIS COPY TO GENERATOR WITHIN 30 DAYS. (Generators who submit hazardous waste for transport out-of-state produce completed copy of this copy and send to DTSC within 30 days.)

CASE

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USE CENTER 1-800-424-8802: WITHIN CALIFORNIA, CALL 1-800-852

IN CASE OF EMERGENCY OR SPILL, CALL THE NATIONAL RES

See Instructions on back of page 6.

Department of Toxic Substances Control
Sacramento, California

t or type. Form designed for use on elite (12-pit	ich) typewriter.	<u> </u>	·				Sacro	mento, California
UNIFORM HAZARDOUS WASTE MANIFEST	1. Generator's US EP/			est Docume	nt No.	2. Page 1		the shaded areas by Federal law.
3. Generator's Name and Mailing Address	130 120 120 130 130 130	<u> </u>	<u> </u>	C1 13	A. State	Manifest Document	Number	
to doerrin dougrass meal							96	35894
1960 CAXENOOD DIVD., ET					B, State	Generator's ID	- 141 44	and and har har
L. Generator's Phone (CA)						<u>alalelələl</u>	الدالدالا	41-1-1
i. Transporter 1 Company Name	6.	US EPA ID Numbe	• V.			Transporter's ID		615141
GION PACIFIC TRANSPORT	PAPTOR CI	a In lo In Ia	9 3 3	lalnik	D. Trans	porter's Phone	800-57	5-2155
7. Transporter 2 Company Name	8.	A D 0 0 6 US EPA ID Numbe	T 49" 1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		E. State	Transporter's ID		
					E T	porter's Phone		
B		115 504 15 14 1			100	Facility's ID		
Designated Facility Name and Site Address	s 1U.	US EPA ID Numbe		8.			alal I I	1 1 1
TII V. MIT 121	15 - X 24g					プ 〒 ラ 4 N's Phone	6 6 1	
AST CARBON, UT 84520	182 1	F C O S 3	les Les Les	la La La	rt. ruem		THE REAL PLAN	
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		<u> ≉ ∛ ₹</u> 12. Coi	ntainers	13. Total	14. Unit	3.4
I. US DOT Description (including Proper Ship	pping Name, Hazard Clas	s, and ID Number)		No.	Type	Quantity	E0000000	Waste Number
a.							Sto	
g asbesevs, 9, mazzez,		据"袁维甘言"			Ta h		EP	151 A/Other
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d.							Sto	ite
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Additional Descriptions for Materials Listed A	Above				K. Hand	ing Codes for Wast	es Listed Above	
	CATAGO LA GRADA				a.		ь.	
REABLE ASBESTOS CONTAI	TATING WHOLK	4.5						
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. Special Handling Instructions and Additional TEE ADDRESSE 19503 6. S.		isto satisfies - A-1	i Kanada sa kataban kanada sa kataban kanada sa kanad	a di salah di		gettig	et electron as an electron	A A
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SBESTOS BEMOVAL REQUIR		or justini	mu _g Basa	Millia	LANGUA	usuj		
MEMBERCE RESPONSE:714-	it	·	·					
GENERATOR'S CERTIFICATION: I hereby	y declare that the content:	of this consignmen	t are fully ar	nd accuratel	y described	d above by proper s	hipping name a	nd are classified,
packed, marked, and labeled, and are in a	all respects in proper cond	lition for transport i	oy highway o	according to	applicable	e international and r	ational governm	nent regulations.
If I am a large quantity generator, I certi	ify that I have a program	m in place to redu	ce the volum	e and toxic	ity of was	te generated to the	degree I have	determined to b
economically practicable and that I have s threat to human health and the environme	selected the practicable ment. OR, if I am a small (nethod of treatment	, storage, or	disposal co	urrently av	ailable to me which	minimizes the p	present and future
waste management method that is available	le to me and that I can af	ford.	Thate ma	c a good i	uiiii eiioii	— wus	ic generation a	ind select the bes
inted/Typed Name		Signature	- Salaranian				Month	Day Y
ala Bella Bella Commence				1 4		Steff Steff		1 12 19
 Transporter 1 Acknowledgement of Receipt inted/Typed Name 	or Materials	Signature	The state of the s				Month	D V
and the second	1	Signatore	March .	موسود المحرسية المراجعة ا	2 //	Agent in	/Nonth	Day Y چمراست ارا
Transporter 2 Acknowledgement of Receipt	t of Materials	Language of the state of the st	A Brita	Town or the	the state of the s	Marian Land Sand		
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. Discrepancy Indication Space				* 1				· · · · · · · · · · · · · · · · · · ·
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. Facility Owner or Operator Certification of	receipt of hazardous ma		his manifest	except as n	oted in Iter	n 19.		
inted/Typed Name		Signature	18.				Month	Day Y
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DO NOT WRITE BELOW THIS LINE.